

Fiscal Note



Fiscal Services Division

SF 457 – Stroke System of Care (LSB2504SV)

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Fiscal Note Version – New

Description

<u>Senate File 457</u> requires the Department of Public Health (DPH) to do the following related to stroke care quality improvement:

- Recognize nationally accredited comprehensive stroke centers, primary stroke centers, and acute stroke-ready hospitals, and monitor these entities for compliance with their national accreditation. The DPH may suspend or revoke a provider's certification for noncompliance with rules adopted.
- Develop and distribute a sample stroke triage assessment tool. Emergency Medical Services (EMS) providers must adopt this, or a substantially similar tool, and other protocols related to stroke.
- Maintain a statewide stroke database that compiles information and statistics on stroke care, utilize a nationally recognized data set platform, and require nationally certified comprehensive stroke centers, primary stroke centers, acute stroke-ready hospitals, and EMS providers to report data on the treatment of individuals suffering confirmed strokes. The DPH must file a report by September 1, 2017, and annually afterward a summary of the progress made in improving quality of care and patient outcomes for individuals who have suffered a stroke.

Assumptions

- The DPH will need an Iowa Stroke Coordinator for administrative rules development to recognize and monitor providers related to the American Heart Association accreditation compliance.
- The DPH will need a program planner to develop and implement the protocols specific to stroke care, and ensure triage and transport timelines established with EMS providers are met. The program planner will also perform development, training, and compliance work related to the triage tool.
- The DPH will need a program planner to administer and implement the quality improvement plan development, administrative rules development, data system changes, data collection, monitoring, and technical assistance for all stroke centers, hospitals, and EMS providers. The DPH will also need a statistical research analyst to oversee data collection, use, analysis, and reporting.
- The DPH will adapt to the existing EMS and Trauma System database to develop and modify the stroke data module to comply with the requirements in the Bill.

Fiscal Impact

The Bill will increase DPH expenditures for implementation as presented in the following table.

Estimated Impact of SF 457				
	FY 2018		FY 2019	
Salary				
Executive Officer (Stroke Care Coordinator)	\$	68,396	\$	68,396
Programming Planner		60,241		51,480
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Statistical Research Analyst		26,699		43,305
Sub Total Salary	\$	215,577	\$	214,661
Staff & Program Support Development/adaptation/maintenance of existing EMS/Trauma System for collection	\$	43,497	\$	29,763
and reporting of data and training		67,500		15,000
Grand Total	\$	326,574	\$	259,424

Source

Department of Public Health

/s/ Holly M. Lyons

March 13, 2017

The fiscal note for this Bill was prepared pursuant to Joint Rule 17 and the Iowa Code. Data used in developing this fiscal note is available from the Fiscal Services Division of the Legislative Services Agency upon request.